

# Sexual Orientation and Gender Identity SmartForm

Inform the patient that anything entered here will be visible to anyone with access to this legal medical record.

## Sexuality

Patient's sexual orientation:

Straight (not lesbian or gay)	Bisexual	Something else	Don't know	Choose not to disclose	Gay
Lesbian					

## Legal Information

Legal first name: Jane

Legal last name: Doe

Legal sex:

Female	Male	Unknown	Non-binary	X
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## Gender Identity

Autofill with default responses for:

Cisgender female	Cisgender male
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Patient's gender identity:

Female	Male	Transgender Female / Male-to-Female	Transgender Male / Female-to-Male
Other	Choose not to disclose		

Patient's sex assigned at birth:

Female	Male	Unknown	Not recorded on birth certificate	Choose not to disclose
Uncertain				

Patient pronouns:

she/her/hers	he/him/his	they/them/theirs	patient's name	decline to answer	unknown	not listed
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Affirmation steps patient has taken, if any:

<p>presentation aligned with gender identity</p> <p>medical or surgical interventions</p>	preferred name aligned with gender identity	legal name aligned with gender identity	legal sex aligned with gender identity
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Patient's future affirmation plans, if any:

## Organ Inventory

Organs the patient currently has	Organs present at birth or expected at birth to develop	Organs surgically enhanced or constructed	Organs hormonally enhanced or developed
+ breasts -	+ breasts -	+ breasts -	+ breasts -
+ cervix -	+ cervix -	+ vagina -	
+ ovaries -	+ ovaries -	+ penis -	
+ uterus -	+ uterus -		
+ vagina -	+ vagina -		
+ penis -	+ penis -		
+ prostate -	+ prostate -		
+ testes -	+ testes -		